



## Workers' Compensation Adjustment Form

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Agency: \_\_\_\_\_ Division: \_\_\_\_\_

Low Org \_\_\_\_\_ Distribution Code \_\_\_\_\_ Company \_\_\_\_\_ Hourly Rate \_\_\_\_\_

Beginning Date of Sick Leave: \_\_\_\_\_ Ending Date of Sick Leave: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Number of Hours Reimbursed by  
Workers Compensation this period:

Annual Leave \_\_\_\_\_

Sick Leave \_\_\_\_\_

Converted Sick \_\_\_\_\_

Comp Time \_\_\_\_\_

Excess \_\_\_\_\_

Total \_\_\_\_\_

Number of Hours to be Reinstated:

Annual Leave \_\_\_\_\_

Sick Leave \_\_\_\_\_

Converted Sick \_\_\_\_\_

Comp Time \_\_\_\_\_

Excess \_\_\_\_\_

Total \_\_\_\_\_

Amount to be Repaid: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person's Phone: \_\_\_\_\_

### Reminders

Did you attach the check?

Does the repayment apply to a prior fiscal year? If so, does a fiscal adjustment  
need to be made?

Did you adjust the leave balance?